Briefing the Non-Medical (Deployed) Commander

by

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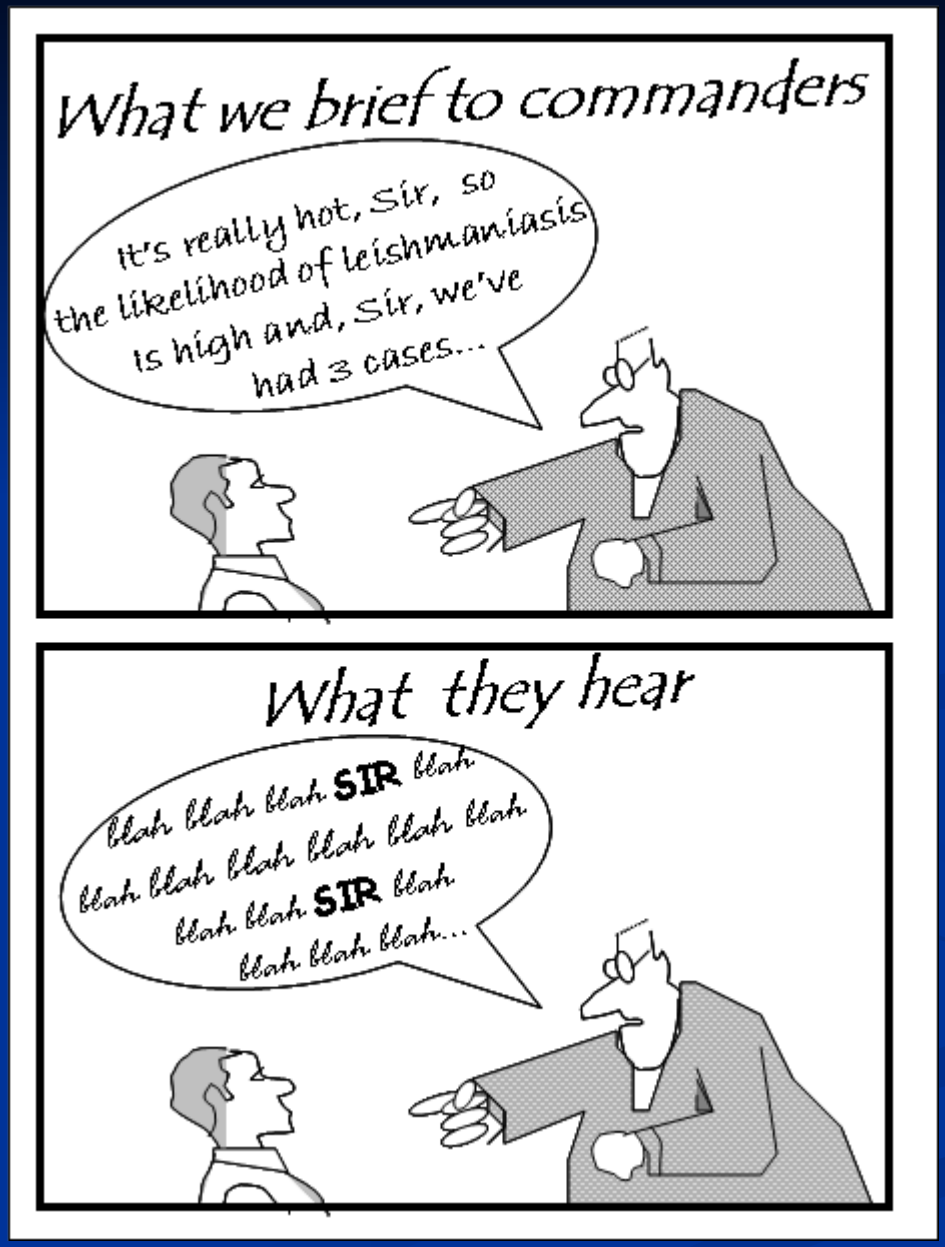
What we say to dogs
Okay, Ginger! I've had it! You stay out of the garbage! Understand, Ginger? Stay out of the garbage, or else!
What they hear
blah blah GINGER blah blah blah blah blah blah GINGER blah blah blah blah blah...


What we brief to commanders
It's really hot, Sir, so the likelihood of leishmaniasis is high and, Sir, we've had 3 cases...
What they hear
blah blah blah SIR blah blah blah blah blah blah blah blah SIR blah blah blah blah...

The Brief

- When briefing Senior military personnel, remember that it's not called a "brief" for nothing.
  - You are not presenting a seminar
  - Everyone's time is short; so cut to the chase whenever possible.
  - Some commanders love to hear “doctor stuff” but most probably don’t and/or wouldn’t understand it anyway. Keep it simple, straightforward, understandable.

What do they already know?

- “I already know the mission, who sent us, why we’re there, etc.
- And I’ve already been briefed by security, weather, etc.
- So, don’t waste time telling me what I already know.

What do they NEED to know?

- **Mission impact**, first and foremost!

What they need to know, cont.

- If it's a combat operation, the Order of Battle is something they already know about. What they want to know from you is:
  - How combat casualties will be dealt with?
  - How many can be treated?
  - What are the equip
  - etc.

What they need to know, cont.

- Mission impact due to **non-combat related things** (disease, indigenous creatures, flora, etc.):
  - If there's no significant mission impact, do they need to know it?
    - They trust you to be able to medically take care of it
  - What's the recovery time? Can people still work?
  - How long will my (pilots/special operators, security forces) be (grounded/inop/unable to perform critical duties) with some of these illnesses?
  - Are there additional resources needed to sustain a sick force?

What they don’t need…

“No need to describe how they’ll bleed out their eyeballs with Coochie Coo fever, only that they’ll be out of action for two weeks or need to be sent home, or permanently disabled, etc.”

Col Rev Baker

What they don’t need…

- Don’t give them the National Geographic travelogue and then miss telling them what you no-kiddin’ need from them

What else do they need to know?

- Are there any resources that may have to be put in place before we get there to sustain a healthy force?
  - If an area we go to will result in a 60% attrition due to illness, I'll need to pre-plan to increase my complement of deploying troops. Hence, more airlift, more equipment, food requirement, shelter, etc.

Bottom line

- **Big picture** stuff is better
- Whatever the mission is: How will people that get sick affect the commander's ability to prosecute that mission?"

"FYI" vs. Recommendation

- Make FYI's short and sweet, if you really think they are needed. Most things you bring up should be tied to a recommendation or request (or, why bother?)
- If you do identify a problem, provide a **realistic and timely recommendation(s)** to solve it.
- You develop the best recommendations by talking with other staff officers BEFORE the brief.
  - Pearl: Nothing works better than when you make a recommendation and the boss asks, "Can we do this?" and other people in the briefing room support your position. Shack!

Feel Intimidated?

- Remember, when it comes to medical, YOU'RE the expert!

Intimidated? , cont.

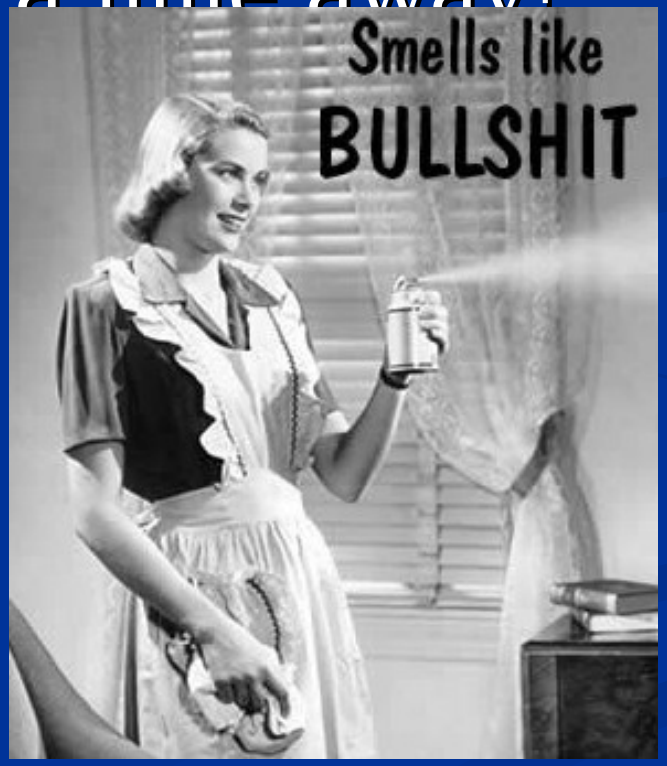
- Don't take pointed questions or “irritability” on the part of senior leaders personally.
  - The person you're briefing has probably had a very long day (or is going to have one) and will be naturally impatient.
- But if you have something they need to hear, hold on and give it to 'em!

Confidence

- 1. If you don't have the 100% solution (and you ordinarily won't) just provide the best answer you can.
  - Don't allude to your uncertainty; it undermines your credibility.

Confidence, cont.

- 2. But don't try to BS your way through an answer either… they can smell that a mile away!



Confidence, cont.

- 3. And if you truly don't know, tell them you don't know and that you'll get that info for them
  - And then make sure you actually get it!

Confidence bottom line

- Your competence as a doc is assumed
- You are the medical expert
- The commander usually won’t expect you to know everything, but they sure do expect you to know how to find it out
- They want to know you are on top of your business, so they don’t have to get in it.

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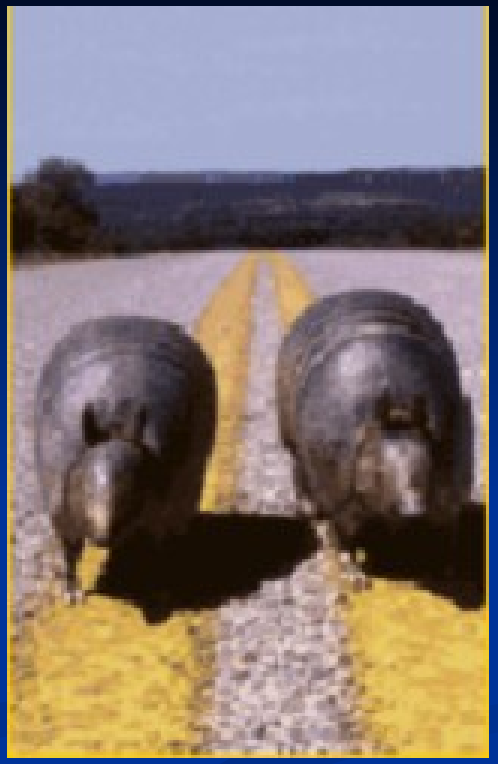
"Never talk down to patients. I'll be back to explain why when the big hand's on the 12 and the little hand's on the 2."

Hmmmmmm….

Medical "Arrogance"

- Never be condescending or patronizing while giving a brief
  - You may be surprised at the level of medical savvy some commanders have
  - Even if they don't, they're still professionals that deserve your respect
- And never make the mistake of assuming that you care more about the health and welfare of the troops than the other leaders in the room!



Texas Speed bumps

- Understand: Many line commanders view medics as “speed bumps” in getting their mission executed

Salesmanship

- Many docs are offended at the idea of having to be salesmen, and having to “sell” their ideas
- Don’t sell salesmanship short!

Salesmanship

- It doesn’t matter how smart you are or how good your ideas are, if you can’t “sell” them to your commander you won’t get them acted on.
- Most of us are at decent sales people anyway… we’ve spent years “selling” patients on ways to improve their health, on treatment options to make them better when they’re ill, etc.

Salesmanship, cont

- As a deployed doc, you now need to shift your salesmanship skills towards the whole population you're responsible for:
  - Selling the troops on the value of staying healthy
  - Selling the leadership on the necessity for maintaining healthy, "full up rounds" and doing what it takes to make sure that happens

Salesmanship

- This is especially true as we get smaller and more specialized (i.e. we can’t afford to lose anyone, because s critical).

Prevention Costs

- But many of the preventive measures take resources (money, time, personnel, airlift and/or pallet space, etc.) or cause inconvenience and/or discomfort (med side effects, netting makes me hot, I can't remember to take all those pills, why can't we have a mascot at this God-forsaken place? etc.).
- So, how do you garner command support for instituting important preventive measures?

Prevention Measures

- Risk of mission degradation (or failure) needs to outweigh the cost or inconvenience, or the political (or PR) fallout is not worth taking the chance.
- Part of your job is to take care of the individual troops, part is to be the “company doc” and help make sure the mission gets executed, and part is to keep your boss out of jail (or worse, off the cover of the Washington Post).

Summary

- Do:
  - Keep it brief
  - Keep it mission focused
  - Describe the mission impact?
  - Keep it “big picture” but be prepared to answer detailed questions
  - Detail what you need from the commander?
  - Provide your best recommendation/answer (may not be the 100% solution)
  - Get your “ducks lined up” BEFORE the brief
  - Make recommendations realistic and timely
  - See yourself as a salesperson… focus where benefit>>cost
  - Think prevention, prevention, prevention!

Summary, cont…

- Don’t:
  - Tell them what they already know
  - Make your commander brief a travelogue
  - Get in the weeds unless asked
  - Actively demonstrate uncertainly (but, say you don’t know if you don’t)
  - Try to bullshit and bluff your way
  - Be patronizing
  - Think you care more about the troops than anyone else
  - Don’t take a commander’s impatience personally
  - Don’t forget… you’re the medical expert

The End